

School District Health Services Report for 2005-06

The School District Health Service Report is designed to collect annual school nursing and health services data from each school district in order to develop a cumulative statewide picture of school health services. **This is a voluntary survey.** Only one person from each school district should total the data for individual schools in the district, and then enter the aggregate annual data for the **entire district**.

Information collected on this form should represent or include **all health services** provided to students/staff, regardless of whether the service was provided by a school district employee (for example, the school nurse) or if it was provided through another agency (for example, public health or home health agency). We don't expect that every district will have counted or conducted all the data elements. However, we would like you to indicate if a service was provided or not, or if you provided the service but did not count it.

Data from individual school districts will **not** be made public. Only **aggregate data from the entire state** will be shared.

This survey will take you approximately **45 minutes to complete**. You should plan on completing the entire survey in one sitting. You will not be able to complete a portion of the survey, save it, and return at a later time to enter the remaining information.

Note: To ease data entry, print out a copy of the survey first and complete it by hand. Then enter the data into the form on the computer.

At the end, once you select "submit, you will **not** be able to retrieve the form. If you accidentally or prematurely hit "submit" before you finish, you will have to re-enter the entire survey to complete it, plus the data you entered the first time will be counted both times.

At the end of the survey, you will be reminded to print the completed survey to save for your records before selecting "submit".

Please read each question carefully, as some questions ask for **numbers of students**, and some ask for **number of procedures**. Thank you in advance for helping to develop a more comprehensive picture of the status of health services for students in our state.

S. A. Demographics

(For contact purposes only if needed to clarify a response.)

1.
School District Name _____

2. Name:
First name _____
Last name _____

3.
E-mail address _____

S. B. Personnel Information

4. Number of **RNs (total)** employed **full-time** in the school district (40 or more hours/week)? **Do not** include RNs hired for 1:1 care with a specific student.
(Actual number) _____

5. Number of **RNs (total)** employed **part-time** per week (39 or less hours/week)?
(Actual number) _____

6.
If you have **part-time RNs** what was the **total number of hours each individual** worked per week?

Nurse 1	<input type="radio"/>	1
Nurse 2	<input type="radio"/>	2
Nurse 3	<input type="radio"/>	3
Nurse 4	<input type="radio"/>	4
Nurse 5	<input type="radio"/>	5
Nurse 6	<input type="radio"/>	6
	<input type="radio"/>	7
	<input type="radio"/>	8
	<input type="radio"/>	9
	<input type="radio"/>	10
	<input type="radio"/>	11
	<input type="radio"/>	12
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	<input type="radio"/>	28
	<input type="radio"/>	29
	<input type="radio"/>	30
	<input type="radio"/>	31
	<input type="radio"/>	32

- ☐ 33
- ☐ 34
- ☐ 35
- ☐ 36
- ☐ 37
- ☐ 38
- ☐ 39

7.
If you have *more* than 6 part-time RNs, enter *average hours* of all (for example: you have ten part-time RNs, each works a different number of hours. Add all hours of each and divide by the number of part-time RNs to get the average).

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
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- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30
- ☐ 31
- ☐ 32
- ☐ 33
- ☐ 34

- ☐ 35
- ☐ 36
- ☐ 37
- ☐ 38
- ☐ 39

8. Did your school district have a **school medical advisor**?

- ☐ Yes
- ☐ No

9. If you answered Yes to the above question, select what specialty (*check only one*):

- ☐ General practice
- ☐ Pediatrician
- ☐ Family Practice
- ☐ Internist
- ☐ Emergency
- ☐ Other

10. Number of **other** staff providing health services in the district. Check **all** that apply and enter numbers to the right:

- ☐ Private duty RN / RN providing 1:1 care _____
- ☐ Licensed practical nurse _____
- ☐ Certified nurses aide _____
- ☐ Health room assistant _____
- ☐ Educational assistant _____
- ☐ Secretary or support staff _____
- ☐ Volunteers _____
- ☐ Other (teachers, bus drivers, etc.) _____

S. C. Total Number of Children with Special Health Conditions

11. Number of **all** children with **any** special health need/chronic illness/condition for which the school district provided health services in 2005-06, including summer sessions.

- *A special health care condition is a condition reported by a parent and/or diagnosed by a physician, or nurse practitioner.*
- *Include all children for which your district consulted, monitored, developed a care plan, provided clinical services, or provided teaching, counseling, or related services.*
- *Do **not** count children more than once.*

Number _____

S. D. Select Health Conditions

Report the *number of children* with conditions (as reported by parents and/or diagnosed by a physician, or nurse practitioner) listed below *for which the school district provided health services in 2005-06. Include those for which the district consulted, monitored, developed a care plan, provided clinical services, or provided teaching, counseling, or related services.*

- A student **may** be entered in **more than one category** if he/she has more than one condition (i.e., ADHD and diabetes).
- If you do not have any students with this condition **enter a numerical zero (0)**.
- If you do not collect this data, **enter DNC**.

12. Allergies:

- A) Environment _____
- B) Food _____
- C) Insect _____

13. Behavioral / Mental Health:

- A) ADD or ADHD _____
- B) Anxiety _____
- C) Bi-Polar Depression _____
- D) Depression _____
- E) Obsessive Compulsive Disorder _____
- F) Other _____

14. Cancer (include all: newly diagnosed, those being treated, and those in remission) _____

15. Cardio-vascular

- A) Acquired (for example, hypertension) _____
- B) Congenital (for example, septal defects, artery transposition) _____

16. Endocrine

- A) Diabetes Type 1 _____
- B) Diabetes Type 2 _____
- C) Other Endocrine (for example, cystic fibrosis, metabolic disorders, thyroid) _____

17. Gastrointestinal

(for example, colitis, Crohn's, lactose intolerance) _____

18. Genitourinary

(for example, altered renal, encopresis/incontinence) _____

19. Hematology

(for example, hemophilia, sickle cell, Von Willebrand) _____

20. Metabolic syndromes

(for example, celiac, hypoglycemia, Maple Syrup Urinary Disorder, PKU) _____

21. Musculo-Skeletal/Connective

- A) Arthritis _____
- B) Other musculo-skeletal (for example, Brittle-bone, Scoliosis, Orthopedic, fibromyalgia)

22. Neurologic/Nervous System Disorders

- A) Cerebral palsy _____
- B) Epilepsy/seizure disorder _____
- C) Migraines _____
- D) Muscular dystrophy _____
- E) Spina bifida _____
- F) Spinal cord/brain injury / stroke _____
- G) Other neurologic (for example, Myasthenia gravis, multiple sclerosis, hydrocephalus, narcolepsy, tourettes) _____

23. Pulmonary

- A) Asthma _____
- B) Other chronic pulmonary (**not** cystic fibrosis) _____

24. School Age Parents

- A) Pregnant females (this school year, including pregnancies that resulted in live births or were terminated) _____
 - B) All school-age parents (males and females, past or present, including pregnancies that resulted in live births or were terminated)
- Q. DuplicateHeading1
- males _____ females _____

25. Sensory

- (does *not* include autism)
- A) Hearing impaired only _____
(according to IDEA criteria)
- Q. DuplicateHeading2
- B) Vision impaired only _____
(after correction with glasses)
- Q. DuplicateHeading3
- C) Students who are *both* deaf-blind combined _____

Any Other Conditions

- (for example, rare syndrome)
- Q. DuplicateHeading4
- A) Indicate type and provide number _____ / _____
 - B) Indicate type and provide number _____ / _____
 - C) Indicate type and provide number _____ / _____

S. E. Specialized Care/Procedures

26. Report the **number of children** for which the school district provided the following specialized care/procedures (including self-administered or done by other staff).
- A student **may** be entered in **more than one category** if he/she had more than one procedure.
 - If no students required the procedure **enter a numerical zero (0)**.

- If you **do not** collect this data, **enter DNC**.
- On the first line, enter the **number of students** requiring the procedure.
- On the second line, enter the total **number of procedures** done for all children (if known).

	Number of Students	Total Number of Procedures
A. Assist nonambulator y (wheel chair, lifts, transfers)	_____	_____
B. Blood glucose testing		
C. Catheterizatio n by <i>student</i> (self)		
D. Catheterizatio n by nurse or aide		
E. Feeding assistance, (Oral)		
F. Gastrostomy- Tube feeding		
G. Gastrostomy- Tube venting		
H. Oxygen administration		
I. Suctioning, nasal/oral		
J. Stoma care		
K. Tracheostomy care and/or suction		
L. Ventilator assisted care		
M. Wound care		

S. F. Medication

27. Count the total number of **DOSES of medication** administered by the school district in 2005-2006:

• If you **do not** collect/count doses, **enter DNC**.

- A) Daily/regular schedule prescription and/or OTC _____
- B) Periodic/As needed (for example, student has Tylenol for occasional headache _____)

28. Medication Routes:

Count the number of **doses** given by the school district in 2005-06 via:

- A) G-tube _____
- B) Insulin pump (number of **students** with pump) _____
- C) IntraMuscular _____
- D) IntraVenous _____
- E) Meter dose inhaler _____
- F) Nebulizer _____
- G) Oral _____
- H) SubCutaneous _____
- I) Other _____

29. Urgent or Emergency Meds

Count the number of **students** the school district had in 2005-06 with **orders** for:

- A) Bronchodilator / Rescue Inhaler _____
- B) Nebulizer for PRN _____
- C) Epi-Pen _____
- D) Glucagon _____
- E) Diastat _____
- F) Vagal nerve stimulator/magnet _____

S. G. Health Services Contacts/Disposition

• If you did not count an item, **enter DNC**.

• For all other items that you did track, indicate a number (including zero).

• Enter number of contacts to school nurse, health room **or** interventions by any other staff members.

30. Report the number of contacts or dispositions made by the school district in 2005-06.

- A. 911 Calls _____
- B. Illness/Injury contacts to office/health room you are aware of _____
- C. Disposition of student to health care provider _____
- D. Disposition to home _____
- E. Referral to Social Services _____

S. H. Immunization

31. Did the school district administer immunizations to students?

- ☐ Yes
- ☐ No

S. I. Group Education Sessions Provided by School Nurses

- Each inservice or class = 1 session.
- Indicate the number of education sessions provided only by district school nurses in 2005-06.
- If you did not do an inservice, **enter a numerical zero (0)**.
- If you do not count the inservices, **enter DNC**.
- Include sessions you coordinate or conduct as a self study with a Q&A opportunity, like BB Pathogens.

32.

- A. Number of staff inservice / training sessions _____
- B. Number of student health education presentations _____

S. J. Individual or Small Group Health Counseling

33. List the three most **common reasons** individual health counseling *to students* was provided by the school district in 2005-06:

- A) _____
- B) _____
- C) _____

34. Report the total number of **students** that received **individual or 1:1** health counseling from the school district.

Number of students: _____

35. Report the total number of **small group** counseling sessions provided by the school district. Note: counseling session is defined as meeting with two or more students/parents around a concern/issue.

Number of small group sessions: _____

S. K. Population Screens

Report number of student health screenings at school, regardless of which staff or agency conducting the screening.

- No student should be counted twice in the "number of Students Screened" column. For example, if one student received three hearing checks (initial check and two re-checks), that is counted as 1 student.
- If screening was not conducted, **enter DNC**.

Height and Weight screening.

36. Grades screened for height and weight (check all that apply):

- ☐ pre-K
- ☐ K4 / K5
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th

- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th

37. Numbers of Students:

- A. screened for height and weight _____
- B. referred for height and weight _____

38. Body Mass:

Number of students with Body Mass Index (BMI) over the 95th % _____

Vision Screening

39. Grades screened (check all that apply):

- ☐ pre-K
- ☐ K
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th

40. Numbers of students:

- A) screened for vision _____
- B) referred for vision _____

Hearing Screening

41. Grades screened (*check all that apply*):

- ☐ pre-K
- ☐ K
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th

- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th

42. Numbers of students:

- A) screened for hearing _____
- B) referred for hearing _____

Postural (including scoliosis) screening

43. A) Grades screened for posture including scoliosis (check all that apply):

- ☐ pre-K
- ☐ K
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th

44. Numbers of students:

- A) screened for posture _____
- B) referred for posture _____

Blood pressure screening

45. A) Grades screened for blood pressure (*check all that apply*):

- ☐ pre-K
- ☐ K
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th

☐ 12th

46. Numbers of students:

A) screened for blood pressure _____

B) referred for blood pressure _____

Pediculosis screening (a screening is a “prevention screening” of an entire class or a screening done in response to a suspected case)

47. A) Grades screened for pediculosis (*check all that apply*):

- ☐ pre-K
- ☐ K
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th

48. Numbers of students:

A) screened for pediculosis _____

B) referred pediculosis _____

S. L. Other Health Concerns

Other Health Concerns include nursing activities or processes conducted in relation to student health situations. Students may be counted multiple times as necessary.

• *If you do not conduct a service, **enter DNC***

• *If you typically conduct this service but did not require/need this year enter a **numerical zero (0)**.*

49. Students that were reported by the school district as having a communicable disease (include only those conditions listed on WI DHFS or CDC chart as reportable)

Number _____

50. Number of home visits conducted by school nursing staff.

Number _____

51. Children with individual health care plans prepared or monitored by the school nurse (including emergency health plans and those written for IEPs and/or medical 504 plans)

Number _____

52. Number of IEP meetings **attended** by school nursing staff

Number _____

53. Do school nurses (as opposed to other school personnel or contractors) perform Medicaid School Based Services (SBS) billing for the school district?

- ☐ Yes
☐ No

S. M. Direct Services to Staff

Report services provided to school staff during the school day, including answering questions related to staff person's own health needs, monitoring health status or effects of medications, providing care for ill/injury, and related services.

- If you did not conduct a service, **enter a numerical zero (0)**.
- If you do not count (or keep track) **enter DNC**.

54.

- A) Number of staff provided **above** types of service _____
B) Number of staff provided pre-employment Tb skin tests _____
C) Number of staff provided Hepatitis B vaccination _____
D) Number of staff provided flu vaccination _____

S. N. Number One Health Issue This Year

55. List the number one health issue that consumed a large amount to the district's staff time and/or resources, or affected a large number of students.

If you want a copy of this survey, **print before** clicking submit.